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Atty. Dkt. No. 016907-1199

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kouichi ANDO
Title: SCANNER UNIT
Appl. No.: 09/773,530
Filing Date: 02/01/2001
Examiner: Unassigned
Art Unit: Unassigned

RECEIVED

OCT 16 2001

Technology Center 2600

PRELIMINARY AMENDMENT TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- ☐ Small Entity statement is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For	=	Extra Claims Present		Rate	=	Additional Claims Fee
Total Claims:	24	—	20	=	4	x	\$18.00	=	\$72.00
Independents:	4	—	3	=	1	x	\$80.00	=	\$80.00
First presentation of any Multiple Dependent Claims:						+	\$270.00	=	\$0.00
CLAIMS FEE TOTAL:									= \$152.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$890.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,890.00	\$0.00
	EXTENSION FEE TOTAL:		\$0.00
	CLAIMS AND EXTENSION FEE TOTAL:		\$152.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:		\$152.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$152.00. A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$152.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 9/27/01

By Johnny A. Kumar

FOLEY & LARDNER
Washington Harbour
3000 K Street, N.W., Suite 500
Washington, D.C. 20007-5109
Telephone: (202) 672-5489
Facsimile: (202) 672-5399

Johnny A. Kumar
Attorney for Applicant
Registration No. 34,649